

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006915

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 864

FILED FEB 26 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

40 YEARS

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

ST. MARY'S HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET

(If outside, give location)

636 EAST-73RD STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

ARTHUR

BRICKMAN

PREEBLE

4. DATE

Month

Day

Year

DEATH

FEBRUARY 6

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/13/1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CONSULTANT SALES ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

K.C. OFFICE STROMBERG CARLSON TELEPHONE MFG. CO.

11. BIRTHPLACE (City and state or country)

ERIE, PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN W. PREEBLE

13b. MOTHER'S MAIDEN NAME

S. ANNA L. BRICKMAN

14. NAME OF HUSBAND OR WIFE

MRS MYRTLE F. PREEBLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

317

17. INFORMANT

Mrs. MYRTLE F. PREEBLE, 636 EAST 73RD STREET, KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (b) (c))

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive Heart Failure

3 weeks

DUE TO (c)

Coronary Insuff. & Atherosclerosis

5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Sept 1960

and last saw him alive on

2/6/63

Death occurred at

1:57 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank G. O'Donnell MD

22b. ADDRESS

7830 State Line

22c. DATE SIGNED

2/7/63

23a. BURIAL, CREMATION, REMOVAL, (Specify)

BURIAL

23b. DATE

FEB. 9, 1963

23c. NAME OF CEMETERY OR CREMATORY

MT. MORIAN CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

2-8-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

VS 300 Rev. 4/59

1

2 3918

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 67-0

13

DOCUMENT

BY AFFIDAVIT OF Frank A. O'Donnell, M.D.

Dr. Frank A. O'Connell - Rev. 9.3770
7830 State Lane
12:00 - 3:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis Ruest

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.